
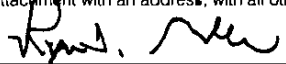


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90035 004 \*\*\*150.00

<b>DOCUMENT # P31450</b> 1. Entity Name <b>AGRI GENERAL INSURANCE COMPANY</b>					
Principal Place of Business <b>9200 NORTH PARK DRIVE SUITE 350 JOHNSTON, IA 50131 US</b>			Mailing Address <b>9200 NORTH PARK DRIVE SUITE 350 JOHNSTON, IA 50131 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>42-1204578</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04042008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCB HAMS, STEVEN C 9200 NORTH PARK DRIVE SUITE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Harms, Steven C. See attached Exhibit "A"</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXVP HANEY, ROBERT L 9200 NORTH PARK DRIVE, SUITE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D CLASSEN, MARK K TWO CARLSON PKWY SUITE 255 PLYMOUTH, MN 55447</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MALCOM, JEFF 1951 ROSEBUD ROAD GRAYSON, GA 30017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KINCADE, JERRY 9200 NORTH PARK DRIVE, SUITE 200 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D WEDEL, STEVEN J NORTH 200 MULLAN ROAD SUITE 111 SPOKANE, WA 99206</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>Ryan D. Miller, Treasurer</b>		<b>4/11/08      515-559-1000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT 40070547  
#P31450

**AGRI GENERAL INSURANCE COMPANY  
2008 OFFICERS AND DIRECTORS**

**NAME AND ADDRESS**

**POSITION HELD**

Steven C. Harms  
9200 Northpark Drive, Suite 300  
Johnston, IA 50131

Chairman of the Board,  
President, and Director

Robert L. Haney  
9200 Northpark Drive, Suite 300  
Johnston, IA 50131

Executive Vice President  
and Director

Jeffrey G. Malcom  
1951 Rosebud Road  
Grayson, GA 30017

Vice President, Assistant  
Treasurer, and Director

Mark K. Classen  
Two Carlson Parkway, Suite 255  
Plymouth, MN 55447

Vice President and Director

Jerry D. Kincade  
9200 Northpark Drive, Suite 200  
Johnston, IA 50131

Vice President and Director

Steven J. Wedel  
200 North Mullan Road, Suite 111  
Spokane, WA 99206

Vice President and Director

Ryan D. Miller  
9200 Northpark Drive, Suite 300  
Johnston, IA 50131

Chief Financial Officer,  
Treasurer, and Director

Michael J. Davenport  
9200 Northpark Drive, Suite 300  
Johnston, IA 50131

Vice President, Secretary,  
and General Counsel

Nancy Burrier  
9200 Northpark Drive, Suite 300  
Johnston, IA 50131

Assistant Secretary

Thomas D. Witthoft  
9200 Northpark Drive, Suite 300  
Johnston, IA 50131

Vice President